



## CITY COUNCIL AGENDA ITEM

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Date: September 11, 2013

To: Brian Kischnick, City Manager

From: Mark F. Miller, Director of Economic and Community Development  
Carol Anderson, Recreation Director

Subject: Municipal Credit and Community Credit Agreement

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### Background:

Municipal credits are state-authorized funds that are given directly to the Suburban Mobility Authority for Regional Transportation (SMART) to be divided among every city, township and village in Oakland, Wayne and Macomb Counties on a per capita basis. Community credits are a direct result of the SMART millage that provides opt-in communities with additional funds.

Troy's municipal and community credit dollars have been used to support the community based Troy Medi-Go Plus service. Medi-Go Plus provided over 14,000 rides to senior and disabled riders in 2012.

### Recommendation:

It is recommended that the City enter into a contract for Municipal and Community Credits with SMART for \$79,648 and \$88,586 respectively. This fund is utilized for transportation service for senior citizens and persons with disabilities.

### City Attorney's Review as to Form and Legality

Approved as to Form and Legality:

\_\_\_\_\_  
Lori Grigg Bluhm, City Attorney

# MUNICIPAL CREDIT and COMMUNITY CREDIT CONTRACT

## for FY - 2014

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I, Dane Slater, as the Mayor of **City of Troy** (hereinafter, the "Community") hereby apply to SMART and agree to the terms and conditions herein, for the receipt and expenditure of **Municipal Credits** (Section 1 below), and **Community Credits** (Section 2 below); and further agree that the **Municipal and Community Credits Master Agreement** between the parties is incorporated herein by reference. A description of the service the Community shall provide hereunder is set forth in Exhibit A, and the operating budget for that service is set forth in Exhibit B, both of which are attached hereto and incorporated herein.

1. The Community agrees to use \$ **79,648** in **Municipal Credit** funds as follows:

- (a) Transfer to \_\_\_\_\_ Funding of: \$ \_\_\_\_\_  
TRANSFeree COMMUNITY
- (b) Van/Bus Operations At the cost of: \$ 79,648  
(Including Charter and Taxi services)
- (c) Services Purchased from SMART At the cost of: \$ \_\_\_\_\_  
(Including Tickets, Shuttle Services/Dial-a-Ride)

**Total \$ 79,648**

SMART intends to provide Municipal Credit funds under this contract to the extent funds for the program are made available to it by the Michigan Legislature pursuant to Michigan Public Act 51 of 1951. Municipal Credit funds made available to SMART through legislative appropriation are based on projected revenue estimates. In the event that revenue actually received is insufficient to support the Legislature's appropriation, it will result in an equivalent reduction in funding provided to the Community pursuant to this Contract. In such event, SMART reserves the right, without notice, to reduce the payment of Municipal Credit funds by the amount of any reduction by the legislature to SMART. All funding must be spent by September 30, 2015; all funds not spent by that date will revert back to SMART pursuant to Michigan Public Act 51 of 1951, for expenditure consistent with Michigan law and SMART policy.

2. The Community agrees to use \$ **88,586** in **Community Credit** funds available as follows:

- (a) Transfer to \_\_\_\_\_ Funding of: \$ \_\_\_\_\_  
TRANSFeree COMMUNITY
- (b) Van/Bus Operations At the cost of: \$ 88,586  
(Including Charter and Taxi services)
- (c) Services Purchased from SMART At the cost of: \$ \_\_\_\_\_  
(Including Tickets, Shuttle Services/Dial-a-Ride)
- (d) Capital Purchases At the cost of: \$ \_\_\_\_\_

**Total \$ 88,586**

# **MUNICIPAL CREDIT and COMMUNITY CREDIT CONTRACT**

## **for FY - 2014**

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Capital purchases permitted with Community Credits are subject to applicable state and federal regulations, and SMART policy, including procurement guidelines. When advantageous, SMART may make procurements directly. Reimbursement for purchases made by Community requires submission of proper documentation to support the purchase (i.e. purchase orders, receiving reports, invoices, etc.). Community Credit dollars available in FY 2014, may be required to serve local employer transportation needs per the coordination requirements set forth in the aforementioned Master Agreement. All Community Credit funds must be spent by June 30, 2016 unless approval from SMART General Manager is obtained to extend Community Credits for an additional 2 years to allow accrual for major capital projects; any funds not spent by that date may revert back to SMART for expenditure consistent with SMART policy.

This agreement shall be binding once signed by both parties.

City of Troy

By: \_\_\_\_\_

Dane Slater

Date \_\_\_\_\_

Its: \_\_\_\_\_

Mayor

Suburban Mobility Authority for  
Regional Transportation

Date \_\_\_\_\_

By: \_\_\_\_\_

John C. Hertel

General Manager

## **EXHIBIT A**

### **PROJECT DESCRIPTION**

**Community:** Troy

**Project:** MUNICIPAL/COMMUNITY CREDIT PROGRAM

**FISCAL YEAR 2014:** JULY 1, 2013 through JUNE 30, 2014

#### **Overall Project Description:**

Troy Medi-Go Plus is a nonprofit community organization dedicated to helping Troy senior citizens and adults with disabilities in need of transportation get to medical appointments and other important destinations.

#### **Service Area:**

11 Mile, Mound, Hamlin, and Southfield Roads for medical appointments and work and educational trips. City of Troy for shopping and Troy Community Center.

#### **Service Times:**

Monday through Friday from 8:30 a.m. to 4 p.m.

#### **Eligible User Groups:**

Troy residents age 60 and older and Troy residents with disabilities age 18 and older.

#### **Fare Structure**

\$2 per one way trip and additional donations are encouraged.

#### **Service Mode:**

Four 14-passenger vehicles. All vehicles are wheelchair accessible.

**EXHIBIT B****PROJECT OPERATION BUDGET**

COMMUNITY: City of Troy Medi-Go Plus

PROJECT: MUNICIPAL/COMMUNITY CREDIT PROGRAM

FISCAL YEAR 2014

**OPERATING EXPENSES:**

Administrative Fee (max. is 10% of MC/CC Funds)	-	
Driver Wages	108,800.00	
Fringe Benefits	11,000.00	
Gasoline & Lubricants	34,000.00	
Vehicle Insurance	23,000.00	
Parts, Maintenance Supplies	13,660.00	
Mechanic Wages	-	
Fringe Benefits	-	
Dispatch Wages	27,000.00	
Cell phones or other overhead costs (Specify)	10,900.00	
Sub Total (Operating Expenses)		<b>\$ 228,360.00</b>

**PURCHASED SERVICE**

Taxi Service	-	
Charter Service	-	
SMART Bus Tickets	-	
SMART Shuttle Service	-	
SMART Dial-A-Ride	-	
Sub Total (Purchased Service)		<b>\$ -</b>

**CAPITAL EQUIPMENT**

(Only list purchases to be made with Community Credits)

Computer Equipment	-	
Software	-	
Vehicle	-	
Maintenance Equipment	-	
Other (Specify)	-	
Sub Total (Capital Equipment)		<b>\$ -</b>

**TOTAL EXPENSES****(Operating Expenses, Purchased Service and Capital Equipment)****\$ 228,360.00****REVENUES:**

Municipal Credit Funds	79,648.00
Community Credit Funds	88,586.00
Specialized Services Funds	23,126.00
General Funds	-
Farebox Revenue	22,000.00
In-Kind Service	-
Special Fares (Contracted Service)	-
Other (Specify) - Beaumont donation	15,000.00

**TOTAL REVENUE:****\$ 228,360.00**

Submitted By:

Title

Date

Dan MayvilleTreasurer9/10/2013

(Note: Total Expenses MUST equal Total REVENUE)



Suburban Mobility Authority  
for Regional Transportation

Office  
Contract Compliance

## Equal Employment Opportunity Compliance Report A

Bid / Project Name **Municipal/Community Credit Program for FY 2014 - July 1, 2013 through June 30, 2014**

Name of Firm **Troy Medi - Go Plus** Employer I.D. Number

Address **3179 Livernois**

City **Troy, MI 48083** State Zip

- ☐ Independent III, I, or  
☐ Owned / controlled by:

Corporate address of parent  
or affiliated company:

Indicate the appropriate box for your reporting unit (Mark only one box):

<input type="checkbox"/> Consolidated Report	<input type="checkbox"/> Single Establishment Employer Report
<input type="checkbox"/> Headquarters Unit Report	<input type="checkbox"/> Individual Establishment Report (Submit one for each establishment)
<input type="checkbox"/> Special Report	

### Business Data

What is the major activity of this establishment (Be specific, i.e., manufacturing steel casings, retail grocer, wholesale plumbing supplies, title insurance)?

Include the specific type of product or type of service provided, as well as the principal business or industrial activity:

Have all subcontractors been informed of their responsibility to file EEO Compliance Report A? ☐ Yes ☐ No

Is an Affirmative Action Plan on file with SMARTs Office of Contract Compliance? ☐ Yes ☐ No If no, plan will be submitted by (indicate date):

An Affirmative Action Plan is on file with the following governmental agencies. Please list:

**Employment Data** Employment at this establishment - Report all permanent, temporary, or part time employees including apprentices and on-the-job trainees. Enter the appropriate figures on ALL lines and in ALL columns. Blank spaces will be considered as zero.

Job Categories	Establishment			Minority Male				Minority Female			
	Total Employees Including Minorities	Total Males Including Minorities	Total Females Including Minorities	Black	Asian Pacific	Amer. Indian	Spanish Amer.	Black	Asian Pacific	Amer. Indian	Spanish Amer.
Officials /Managers	3	1	2					1			
Professionals											
Technicians											
Sales Workers											
Office and Clerical Staff											
Craftsmen (Skilled)											
Operators (Semi-Skilled)	9	8	1					1			
Laborers (Unskilled)											
Service Workers											
Journey Workers											
Apprentices											
Total	12	9	3					2			

**Employment Data (continued)**

Employment at this establishment-Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees.  
Enter the appropriate figures.

Job Categories	Current Workforce						Under- utilization		Estimated Number of Vacancies	20_____ Goals				Ultimate Goals			
	No. of Employees	Minority		Female		Minority				Female		Minority		Female			
		#	%	#	%	Min.	Fem.	#		%	#	%	Year	%	Year	%	
Officials/Managers	3	1		2													
Professionals																	
Technicians																	
Sales Workers																	
Office and Clerical Staff																	
Craftsmen (Skilled)																	
Operators (Semi. Skilled)	9	1		2													
Laborers (Unskilled)																	
Service Workers																	
Journey Workers																	
Apprentices																	
Total	12	2		4													

**Certification**

Name of authorized official William McFadden Title Transportation Coordinator  
 Signature W.P. McFadden Date 9-11-13  
 Name of person to contact regarding this report W.P. McFadden Title \_\_\_\_\_  
 Address \_\_\_\_\_ City Troy, MI  
 (number and street) 3179 Livestock \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code 248 Telephone Number 452 1100 Ext. \_\_\_\_\_

How was information as to race or ethnic group obtained?

☐ Visual Survey

☐ Employment Records

Do not write below this line. For SMART Only.

Date	Awardable		Signature	Comments
	Yes	No		